



Appendix G. Veterans' Transportation Needs

This section describes the transportation needs that veterans and their family members may present, discusses veterans-specific transportation programs, and describes two relevant new federal initiatives to support veterans' transportation needs. Resources valuable to those working to improve the mobility of veterans are also included. This section aims to introduce those involved in coordinated transportation to key target groups among veterans and military service members and to suggest coordinated responses. It is structured as followed to address these questions:

- **Introduction:** Why is veterans' transportation an important issue nationally and in the Bay Area?
- **Veterans and Services in the Bay Area:** Who and where are the Bay Area's veterans? Where are services located that they access frequently?
- **Mobility Needs of Veterans and Their Families:** What are the key transportation barriers and gaps faced by veterans and their families?
- **Transportation Services Available through the Department of Veterans Affairs:** What are the four key VA transportation program types and structures that many veterans rely on to access VA services?
- **FTA Veterans Transportation and Community Living Initiative (VTCLI):** What are the key objectives and activities funded under this new federal interagency initiative?
- **Bay Area DAV Program:** What is an example of how VA transportation works in the Bay Area?
- **Translating Veterans' Mobility Needs Into Solutions and Coordination Strategies:** How do veterans' transportation needs, and the transportation services provided to them through the VA and other programs, relate to broader transportation issues, solutions, and strategies identified in the Bay Area's Coordinated Plan update?
- **Resources:** Where can interested parties go to learn more about serving veterans' transportation needs?

Introduction

Americans are returning from two wars in the Middle East where 2.3 million persons served in the U.S. military in Iraq or Afghanistan.¹ Taken together with their family members, this group is estimated at 1% of the U.S. population.² At the same time, the oldest veterans from the World War II era in their 80s and 90s are rapidly diminishing in numbers and the Korean and Vietnam era veterans are entering their 60s

¹ Iraq & Afghanistan Veterans of America <http://iava.org/iava-in-washington/issue-reports>

² National Military Family Association. *Finding Common Ground – A Toolkit for Communities Supporting Military Families*, 2011.



or are older, and now represent four in ten veterans. Nationally, the U.S. Census Bureau reports that in 2010 there were 21.8 million military veterans, over 9% of the adult U.S. population over age 18.^{3,4}

These individuals have a range of transportation concerns. In response, the U.S. Department of Veterans Affairs (VA) has built transportation programs that address some of these needs, particularly those focused on medical and health-related trips to VA facilities. Other trip needs exist, with some already being met by existing public transportation, via the same services offered to the general public. In response to growing awareness of the complexity of veterans' mobility issues, the U.S. Department of Transportation, and in particular the Federal Transit Administration, is now working more closely with the U.S. Departments of Defense and Veterans Affairs regarding transportation matters.

Veterans and Services in the Bay Area

The Bay Area Veteran Population

The nine-county Bay Area was home to almost 375,000 veterans by 2010, according to the American Community Survey. Table G-1 shows the populations by county and the proportions of each county's adult population who are veterans. Santa Clara and Alameda Counties have the largest numbers of veterans, over 70,000 each, followed most closely by Contra Costa County, with nearly 64,000.

Table G-1: Bay Area Veteran Population by County, 2006–2010

County	Population 18 Years of Age & Over			Population 18 Years of Age & Over		
	Total	Veterans	Percent	Total	Non-Veterans	Percent
Alameda	1,137,305	70,376	6.2%	1,137,305	1,066,929	93.8%
Contra Costa	765,585	63,557	8.3%	765,585	702,028	91.7%
Marin	196,952	16,783	8.5%	196,952	180,169	91.5%
Napa	102,667	10,214	9.9%	102,667	92,453	90.1%
San Francisco	682,420	33,078	4.8%	682,420	649,342	95.2%
San Mateo	546,943	36,246	6.6%	546,943	510,697	93.4%
Sonoma	366,919	33,302	9.1%	366,919	333,617	90.9%
Santa Clara	1,317,224	74,371	5.6%	1,317,224	1,242,853	94.4%
Solano	302,312	36,883	12.2%	302,312	265,429	87.8%
Bay Area Total	5,418,327	374,810	6.9%	5,418,327	5,043,517	93.1%

Source: ACS 2006-2010 5Yr Estimates by Census Tract (S2101) by GISWS

Figure G-1 shows the relative concentrations of veterans within each county's population age 18 and older compared to both national and regional averages. Solano County has the highest concentration of

³ U.S. American Community Survey, 2010, 1 Year Estimate

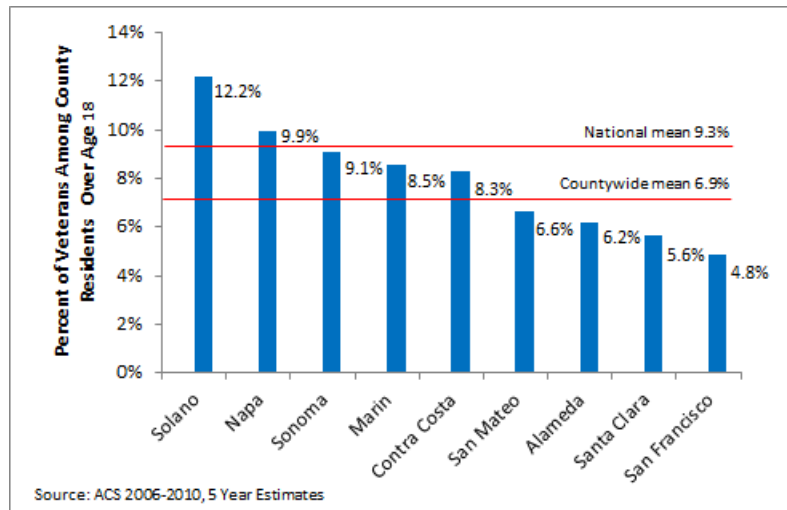
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_B21002&prodType=table

⁴ The U.S. Census defines veterans as persons who have served (even for a short time) but are not currently serving on active duty into the U.S. Army, Air Force, Marine Corp, or Coast Guard or who served in the U.S. Merchant Marines in WWII. Those in the National Guard or Reserves are only counted as veterans if they were ever called up for active duty, not counting the 4-6 months initial training or year summer camps.



veterans at over 12% and Napa County nearly 10%, which are above both the regional and national averages. Sonoma, Marin, and Contra Costa Counties all have proportions above the regional average of about 7%. San Francisco has the lowest share of residents who are veterans at just over 4%.

Figure G-1: Veterans as Proportion of County Population Age 18 and Older



Veterans' Health Care Facilities in the Bay Area

Figure G-2 both shows the relative density of veteran populations by census tract overlaid with the VA health care facilities that are available to Bay Area veterans as well as those traveling from more distant locations. Most health care services available to eligible veterans are provided at these facilities. While veterans have travel needs beyond those which are medically-related, these regional facilities tend to generate a good share of the trips veterans need and hence the mobility challenges many veterans confront.

Table G-2 (see page G-5) identifies the types and locations of Bay Area VA facilities. There are four VA Medical Center locations within the nine-county region, located in San Francisco, Palo Alto, Menlo Park, and Livermore. These large, multiple-service hospitals are served by four community-based outpatient clinics and six general outpatient clinics, with locations in every Bay Area county except Napa and Marin. Additionally, there are Veterans Centers located in six of the region's nine counties, which provide services oriented to helping veterans understand and secure their benefits.

Figure G-2: Concentrations of Bay Area Veterans and Key VA Services

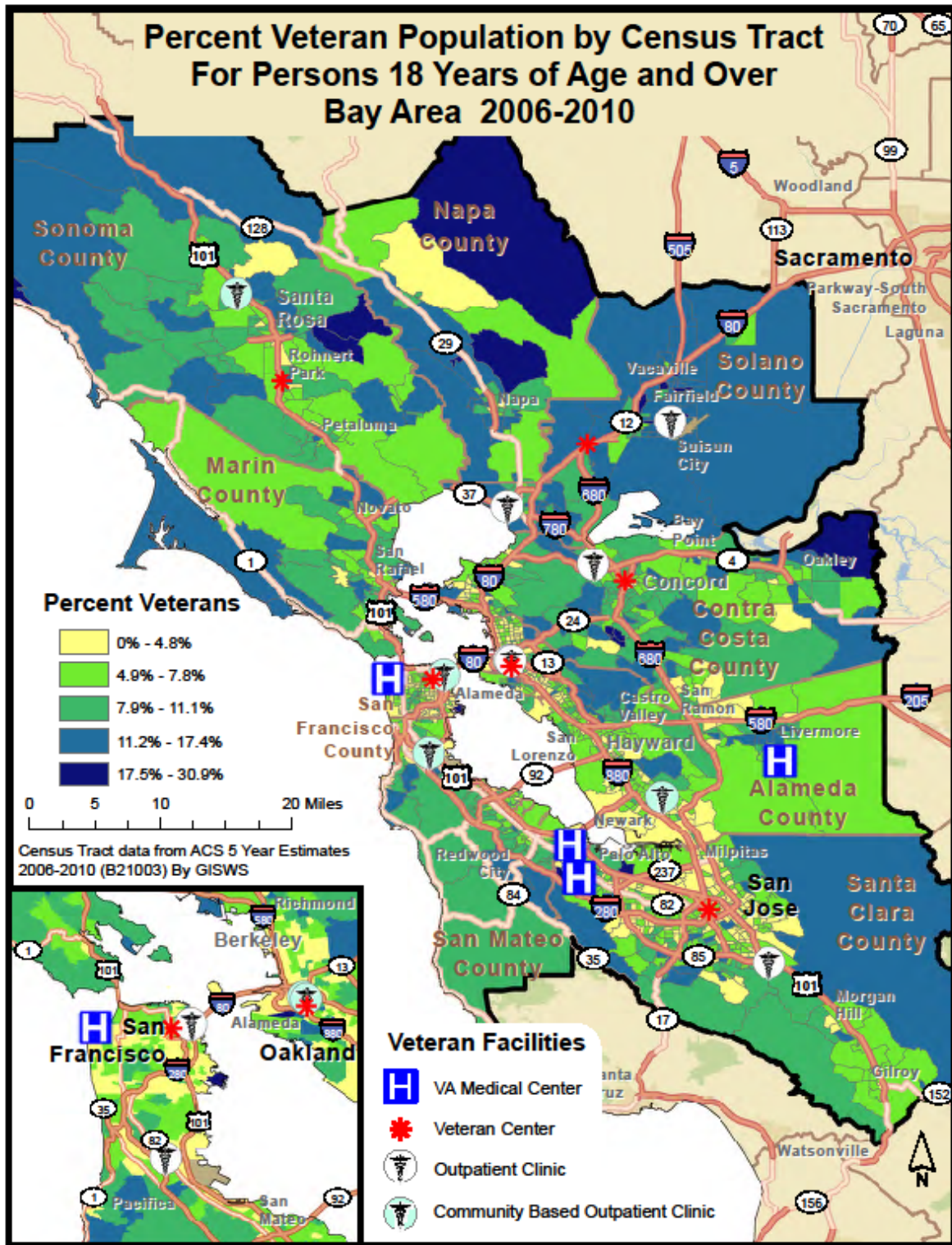




Table G-2: Bay Area Veterans' Facilities

County	VA Medical Center	Outpatient Clinic	Community Based Outpatient Clinic	Vet Center
ALAMEDA COUNTY				
	Livermore Division (part of VA Palo Alto HCS) 4951 Arroyo Road Livermore, CA 94550	Oakland Outpatient Clinic 2221 Martin Luther King Jr. Way Oakland, CA 94612 Oakland Behavioral Health Clinic 525 21st Street Oakland, CA 94612	Fremont Clinic 39199 Liberty Street Fremont, CA 94538	Oakland Vet Center 1504 Franklin St. Suite 200 Oakland, CA 94612
CONTRA COSTA COUNTY				
		Martinez Outpatient Clinic and Community Living Center 150 Muir Road Martinez, CA 94553		Concord Vet Center 1333 Willow Pass Road, Suite 106 Concord, CA 94520-7931
SAN FRANCISCO COUNTY				
	San Francisco VA Medical Center 4150 Clement Street San Francisco, CA 94121		SFVA Downtown Clinic 401 3rd Street San Francisco, CA 94107	San Francisco Vet Center 505 Polk Street San Francisco, CA 94102
SAN MATEO COUNTY				
	Menlo Park Division (part of VA Palo Alto HCS) 795 Willow Road Menlo Park, CA 94025		San Bruno VA Outpatient 1001 Sneath Lane, Suite 300 San Bruno, CA 94066	
SANTA CLARA COUNTY				
	VA Palo Alto Health Care System 3801 Miranda Avenue Palo Alto, CA 94304	San Jose Clinic 80 Great Oaks Boulevard San Jose, CA 95119		San Jose Vet Center 278 North 2nd St. San Jose, CA 95112
SOLANO COUNTY				
		Fairfield Outpatient Clinic 103 Bodin Circle Travis Air Force Base Fairfield, CA 94535 Mare Island Outpatient Clinic 201 Walnut Avenue Vallejo, CA 94592		4B RCS Pacific Western Regional Office 420 Executive Court North Suite A Fairfield, CA 94534
SONOMA COUNTY				
			Santa Rosa VA Outpatient Clinic 3841 Brickway Blvd. Santa Rosa, CA 95403	Northbay Vet Center (Rohnert Park, CA) 6225 State Farm Drive, Suite 101 Rohnert Park, CA 94928

Mobility Needs of Veterans and Their Families

With a growing awareness that veterans and their family members have significant mobility concerns, several studies and initiatives have been undertaken to better understand these needs, including a research digest, a new toolkit, and an FTA-sponsored national on-line dialogue.

The 2011 *Research Results Digest 99: Improving Mobility for Veterans* was prepared under the auspices of the Transit Cooperative Research Program (TCRP).⁵ Digest 99 presents a number of facts about

⁵ *Research Results Digest 99: Improving Mobility for Veterans*. J. Burkhardt, J. Rubino, J. Yum; Washington DC, April 2011.
http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rrd_99.pdf



veterans of value to non-military community members, summarizes national transportation policy related to veterans, and describes various types of transportation available to veterans.

Veterans' mobility challenges that the *Research Results Digest 99* highlights include:

- Difficulty accessing Veterans Administration Medical Centers (VAMCs), specifically related to:
 - Long-distances of trips
 - Parking difficulties as the VAMCs
- Growth in the volume of transportation demand by veterans due to:
 - Advanced age of WWII veterans and the aging of Korea- and Vietnam-era vets;
 - Return of veterans from the Iraq and Afghanistan theaters, with significant service-connected disability ratings for many of these individuals;
 - Increased need for transporting frail elderly vets and younger vets with traumatic brain injuries;
 - Inclination of veterans to move to rural and non-urbanized areas upon returning home.
- Some identified connection between missed medical appointments and higher rates of suicide, depression, poor health care access, and poor overall health status.
- Family members' needs exist but are not well understood, possibly with trip patterns and needs that could be better met.

A second resource document to better illuminate both transportation needs of the military community and potential responses is the technical assistance resource *A Guide to Serving Your Military Community*.⁶ Released in March 2012, this is a product of the federal Coordinating Council on Access and Mobility (CCAM) and its development was supported by the U.S. Departments of Defense, Health and Human Services, Transportation, and Veterans Affairs, as part of the interagency Veterans Transportation and Community Living Initiative (VTCLI).



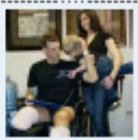




Figure G-3 identifies the six military communities that this Guidebook considers. Three active duty communities and three veteran communities' characteristics and needs are presented:

- Active-Duty Military, including:
 - Wounded service members
 - Wounded warrior families
 - Other service families
- Veterans, including:
 - Veterans with disabilities
 - Low-income/homeless veterans
 - Student veterans

⁶ [http://www.fta.dot.gov/documents/VTCLI - A Guide to Serving Your Military Community 2012-03-07.pdf](http://www.fta.dot.gov/documents/VTCLI_-_A_Guide_to_Serving_Your_Military_Community_2012-03-07.pdf)



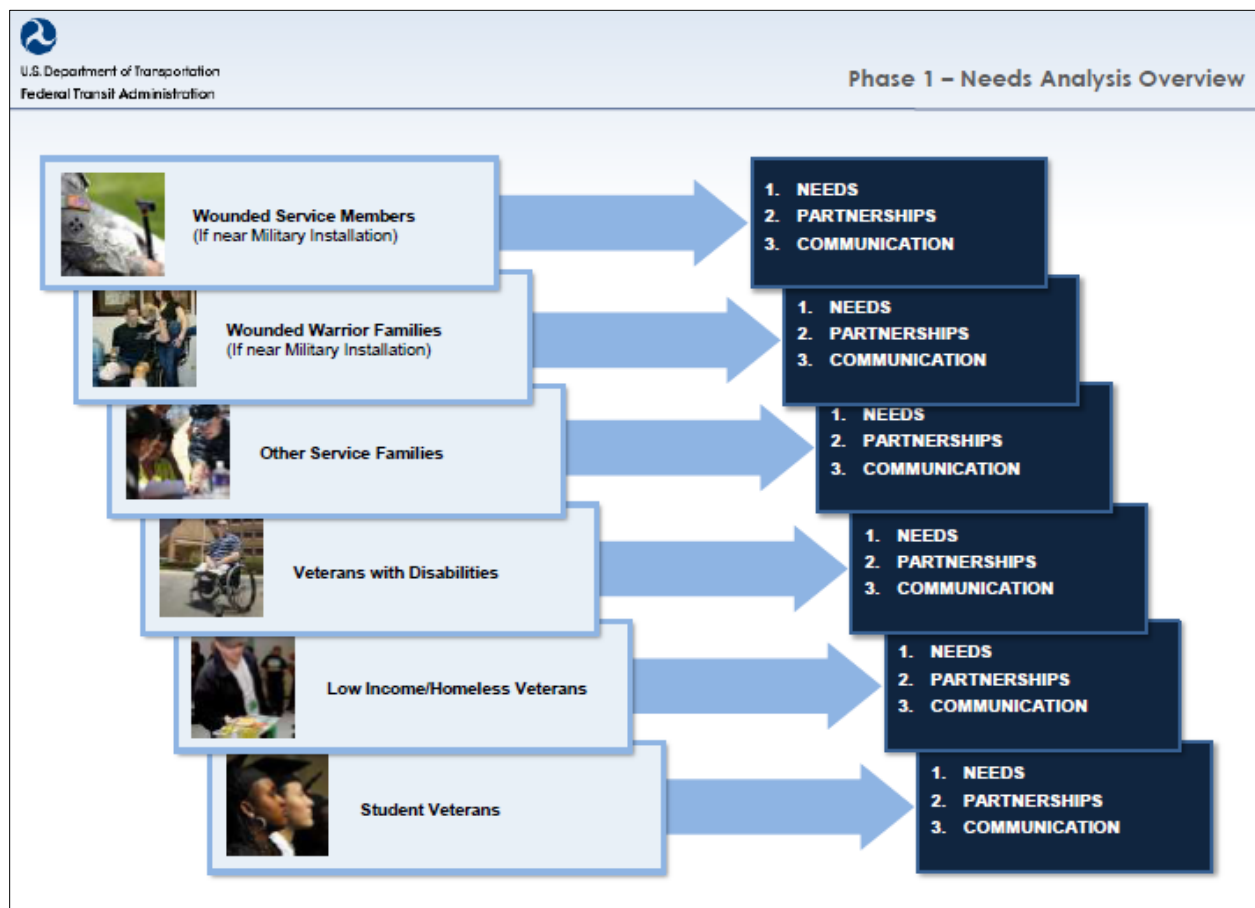
Figure G-3: Excerpt from VTCLI Guidebook on Military Communities and Mobility Needs

 United States Department of Transportation		Military Community Transportation Matrix	
	Population	Needs	Research/Delivery Partners
ACTIVE DUTY	 Wounded Service Members (If near Military Installation)	<ul style="list-style-type: none"> • Healthcare • Education • Internships • Job Search 	<ul style="list-style-type: none"> • Army Wounded Warrior Program • Marine Wounded Warrior Regiment • Air Force Warrior and Survivor Care • Navy Safe Harbor • US Special Operations Command Care Coalition
	 Wounded Warrior Families (If near Military Installation)	<ul style="list-style-type: none"> • Healthcare (often need to attend visits- especially for TBI/PTSD patients) • Schools / Childcare • Job Search 	<ul style="list-style-type: none"> • Army Wounded Warrior Program • Marine Wounded Warrior Regiment • Air Force Warrior and Survivor Care • Navy Safe Harbor • US Special Operations Command Care Coalition • Fisher House
	 Other Service Families	<ul style="list-style-type: none"> • Spouse Education • Spouse Employment • Childcare/Child Sports (especially during deployments) • Activities of Daily Living 	<ul style="list-style-type: none"> • Military Installation • Local Yellow Ribbon Program Coordinator • Local Blue Star Families Chapter • Local Operation Homefront Chapter
VETERANS	 Veterans with Disabilities	<ul style="list-style-type: none"> • Healthcare • Education • Internships • Job Search • Activities of Daily Living 	<ul style="list-style-type: none"> • VSO (American Legion, VFW, DAV) • DVOPs, LVERs • Easter Seals
	 Low Income/Homeless Veterans	<ul style="list-style-type: none"> • Healthcare • Education • Job Search & Employment 	<ul style="list-style-type: none"> • Local homeless shelters, community-based programs • VA • Goodwill
	 Student Veterans	<ul style="list-style-type: none"> • Education • Employment • Activities of Daily Living 	<ul style="list-style-type: none"> • Student Veterans of America • Other University-based Veteran Organizations



The Guide identifies the types of trips that members of each community may need and discusses some of the challenges and problems that are faced by the members within each group. It goes on to suggest potential partnerships that could be sought, potentially between transit members and those already working with various military persons or veterans. The Guide sets forth strategies and useful tools for communicating with each group. Its appendices include specific contact persons within geographic regions of the country associated with particular Department of Defense or Veterans Affairs programs. Figure G-4 reiterates the structure of the Guide, in its focus on subgroups of active-duty or veteran individuals.

Figure G-4: Excerpt for VTCLI Guidebook: Needs Analysis Overview





A third recent resource is the *Easter Seals National Online Dialogue on Veterans' Transportation*⁷, which was a month-long event conducted during May and June 2012 and sponsored by the Federal Coordinating Council on Access and Mobility and the Department of Defense. This online conversation was called *Strengthening Transportation Choices So We Can Serve Those How Have Served Our Country*. Organizers estimated that more than 2,000 participants generated more than 1,000 ideas, using online technology to create an exchange among persons in many different organizations and areas of the country.

Participants in the online dialogue "voted" on ideas proposed over the course of the month. Among the 459 voting participants, they averaged 2.3 "actions" each which is a ratio similar to earlier online dialogues, notably the 2010 United We Ride Coordination Dialogue. The number of votes for each idea, an average of 9.7, suggested the level of interest. This measure was up 70% from the 5.5 and 5.7 of two previous Easter Seals online dialogues.

The top seven ideas for how to improve transportation services to assist veterans were:

- Increase operational funding (51 votes)
- Centralize transportation options via smartphones (41 votes)
- Create half-fares for veterans (35 votes)
- Improve rural transportation for veterans (33 votes)
- Add transit benefits for the VA SmartCard (27 votes)
- Form partnerships to improve/enhance veterans transportation (25 votes)
- Encourage VA Hospitals to collaborate with public transit (23 votes)

The Project Action organization reports that information generated through this effort demonstrates the utility of social media identifying pressing needs so that these can be better addressed, in this case the mobility needs of individuals who have served in this country's military.

Transportation Services Available through the Department of Veterans Affairs

The VA system administers three general-benefit programs available to eligible veterans: health services, education benefits (GI Bill), and cemetery services. This section describes the transportation programs which the Department of Veterans Affairs (VA) currently provides to veterans who are using VA health care benefits and require transportation help.

As reported in TCRP's Digest 99: *Improving Mobility for Veterans*, there a travel benefit has available to eligible veterans since 1958. This program recognizes that many veterans drive themselves to the VA

⁷ Update -- The Official Newsletter of Easter Seals Project Action: *Accessible Community Transportation in Our Nation*. Summer 2012, Vol. 24, No.1 www.projectaction.org



Medical Centers (VAMCs) or to community-based outpatient clinics. Federal government support has provided a mileage reimbursement program for those who can drive themselves and for a lift-equipped special transportation service for others who cannot.

In 1987, there was recognition that the Veterans Administration was not keeping up with transportation demand and the Disabled American Veterans (DAV) transportation service was initiated. Using donated vans and volunteer drivers, the DAV has greatly expanded transportation options available to veterans. These three programs, and a fourth, newly initiated Veterans Transportation Service (VTS), are further described here.

The VA Beneficiary Travel Program

For veterans who can drive themselves and meet certain VA eligibility criteria, individuals can be reimbursed for their trips to and from a VA Medical Center or other VA-affiliated facility.

Reimbursement may be made for mileage, lodging, or meals for the veteran. Reimbursements are handled by the Beneficiary Travel Office within each VA, paid in arrears upon approval of requests for beneficiary travel made within 30 days of the trip. The current mileage rate is \$0.415 cents per mile. In most cases, mileage is paid after a deduction of \$3.00 per one-way trip or up to a maximum of \$18 per six one-way trips taken in a month.

Eligibility for such reimbursement includes five general categories⁸:

- A veteran traveling to or from the VA facility or VA-authorized health care facility in treatment or care for a “service-connected” disability.
- A veteran with a “service-connected” disability rated at 30% or more who travels to or from a VA facility or VA-authorized health care facility for examination, treatment, or care for any condition.
- A veteran who travels to a VA facility or a VA-authorized health care facility for a scheduled compensation or pension examination.
- A veteran receiving pension under 38 USC §1521 who travels to or from a VA facility or a VA-authorized health care facility for examination, treatment or care.
- A veteran whose annual income (as determined under 38 USC §1503) does not exceed the maximum annual rate of pension that the veteran would receive (under 38 USC §1521) if the veteran was eligible for pension and travels to or from a VA facility or VA-authorized health care facility for examination, treatment or care.

The VA Special Mode Transportation Program

The Special Mode Transportation Program is provided by the VA to a limited number of veterans, usually those with close to a 100% service-connected disability. Special mode transportation will bring veterans

⁸ Dept. of Veterans Affairs, Veterans Health Administration, VHA Handbook 1601B.05. Beneficiary Travel. July 24, 2010, Washington DC



from their homes to the VA medical centers and often involves lift-equipped vehicles, including ambulance type vehicles that can provide gurney transport. Some VAMCs provide this transportation with their own vehicles and paid drivers. Some utilize contracts or other arrangements, often with local taxi companies. Many VAMCs use both methods of transportation. Special Mode transportation is highly controlled through internal authorization processes, through the VA's Travel Office and typically involves a physician or clinician authorization that this type of transportation is needed. This has been an area of growing expense in many VAMCs.

Disabled American Veterans Transportation (DAV)

A long-standing transportation program of the Veterans Administration is the Disabled American Veterans (DAV) transportation service. This voluntary program was started in the late 1980s as it became increasingly clear that veterans had significant transportation needs that could not be met through the VA's Travel Benefit mileage reimbursement program or the more limited Special Mode transportation program. The DAV is a national organization with a state-level entity in each state and local DAVs operating within the geographic service area of each VAMC. These local DAVs each have a Memorandum of Understanding (MOU) with their respective medical center. The MOUs provide authorization for transportation provision to veterans, to and from the VA facility on weekdays and for medical treatments or appointments.

Vehicles operated by the DAV are often donated vehicles but some are provided by the VAMC. Usually the VAMC provides for vehicle maintenance and fuel. The vast majority of DAV vehicles are not lift-equipped, so only ambulatory riders or those who can transfer from a wheelchair can be provided with DAV transportation. These vehicles generally attempt to provide service throughout the full service area covered by the VAMC but are, of course, limited spatially and temporally.

The DAV-VAMC MOUs also provide for the hiring of a full-time DAV staffer, called a DAV Hospital Services Coordinator. This individual usually has an office within the medical center and receives and schedules trip requests. This individual is generally responsible for the local program's service design—where to locate vehicles, when and where to operate them, and how best to schedule riders onto the available vehicles. The Hospital Services Coordinator determines which trip requests he or she can serve and assigns those to the appropriate DAV vehicle and driver, anywhere from one to two weeks before the trip is needed. Most trip scheduling is done manually.

DAV drivers are all volunteers. They are usually themselves veterans and many have held their driving positions for a long time. Drivers in some DAVs take the vehicles home or may leave them “garaged” at a safe location or at the VAMC. Policies vary considerably. The DAV Hospital Services Coordinator is usually responsible for recruiting volunteers, although many find their own way to DAV offices.



The DAV programs do not have rider eligibility criteria other than that the individual must be a veteran traveling to or from the VA for services. The spouse or personal care attendant of a veteran can ride along, but only if the veteran is traveling.

Veterans Transportation Services Program (VTS)

A new transportation program has been initiated by the Dept. of Veterans Affairs, in response to increased demand for transportation assistance and in order to introduce some additional elements to the VA's transportation network. The VTS program began as a pilot in just four VAMCs and is expanding nationally in a several phased effort. This program is intended to compliment and extend the existing transportation programs, introducing several coordination tools. Specifically, the VTS programs provide funding to the VAMC for:

- Lift-equipped vehicles – usually between three and four
- Route Match software to assist with trip scheduling
- One full-time, paid Mobility Manager position

The VTS, like the DAV, utilizes volunteer drivers and seeks to recruit and identify these volunteers through each VA's volunteer services department. A general culture of volunteerism is supported within the veteran community, both by the veteran service organizations (called VSOs) and by consistent invitations to volunteer that travel through veterans' communication pathways.

The Mobility Manager position that is associated with these new VTS programs has conceptually both an internal and external focus. It is expected that the Mobility Manager will be able to coordinate transportation requests and resources, aided by the Route Match software, for the VA's Travel Office programs and for the DAV. That is the internal coordination that is anticipated. Some external coordination is also hoped for at the national level, expecting that these new VA mobility managers will develop partnerships with local public transportation programs to help grow mobility choices for veterans.

These VTS programs are starting up slowly around the country. Many VAMCs with a VTS program are utilizing the vehicles but are still making decisions about the Mobility manager position and the utilization of the Route Match software. Choices include which hospital department in which to locate this individual and whom to train in Route Match scheduling software. As of this writing, the VAMCs in the nine-county Bay Area do not have a VTS program authorized. However, anticipating the successful expansion of this program, it is very likely that one or more Bay Area VAMCs will secure a VTS program in the future.



FTA Veterans Transportation and Community Living Initiative (VTCLI)

The Federal Transit Administration (FTA) during 2011 and 2012 released two funding rounds of its Veterans Transportation and Community Living Initiative program (VTCLI). Of projects funded in the first round, two were awarded in California, one to Los Angeles Metro and one in to a 2-1-1 partnership between public transit and Loma Linda VA Medical Center in San Bernardino and Riverside Counties. Two additional California awards were made in the second round: one to Santa Clara County and Outreach, and a second to a San Diego partnership.⁹

The VTCLI programs described in the FTA Notices of Funding Availability (NOFAs) focused on One-Call/One-Click coordination strategies. The concept, although its implementation is in many forms, works from a twofold premise:

- 1) **Improved communication** about available transportation services will improve the mobility of veterans and their family members; and
- 2) **Improved coordination** between and among transportation programs serving veterans will grow the number and scale of available transportation and increase the number of trips provided to veterans.

Many VTCLI projects are developing trip-planning capabilities that can be used as applications for mobile phones. These projects are growing the database of resources that are veteran-specific. Some are providing trip-booking capabilities. Some are also seeking to connect veterans with a range of services, through the transportation query capability developed through the One Call/ One Click capability.

Lead organizations for VTCLI projects vary around the country. They are often, but not exclusively, public transit providers. They may also be metropolitan planning organizations, 2-1-1 entities, independent living centers, or other community-based non-profit organizations. All of these projects represent a range of partnerships, in part because the NOFA required that but also because of the nature of the problem—effective coordination between public transportation and veterans' services programs must involve a wide range of partnerships. These may include: veterans services organizations of veterans themselves or organizations of family members; county mental health or aging services departments; homeless services coalitions; employment organizations, and services to low-income populations, to name just a few.

As the VTCLI projects are still very new, specific outcomes have yet to be demonstrated. It is hoped, however, that these initiatives will help to forge stronger partnerships between the Veterans service systems and public transportation programs in communities large and small and ensures more trips to veterans, to active military service personnel, and to family members of both groups.

⁹ For details on all projects awarded nationwide, see http://www.fta.dot.gov/grants/13094_13528.html.



Bay Area DAV Program

The San Francisco VA Medical Center (SFVAMC) is served by both the Disabled American Veterans (DAV) transport network and the Volunteer Transportation Network. Working in concert, these programs provide weekday transportation to and from the San Francisco VAMC.

As the SFVAMC includes facilities beyond the Bay Area including Eureka, Clearlake, and Ukiah, patients need to travel in these remote regions to VA Clinics and from these locations the Medical Center in San Francisco.

The DAV program operates four shuttles services that provide service to the SFVAMC. Shuttles run once per day and leave from pick-up locations in Fort Bragg, Ukiah, Clearlake, and Santa Rosa. Each shuttle operates Monday through Friday and makes several stops before arriving at the SF Medical Center. After the last rider has completed his or her appointment, the shuttles return to their point of origin. Reservations are required a week in advance.

The DAV program operates seven vehicles, none of which are lift-equipped. Although most trip requests can be met, the vans are occasionally at capacity and cannot accept additional riders. This program is sustained by volunteers who serve as drivers. Staff notes that one of the biggest needs is for more volunteers. Other needs include requests for more stops and additional vans.

Translating Veterans' Mobility Needs Into Solutions and Coordination Strategies

To some extent, responding to the mobility requirements of veterans is individualized. Transit properties, human service organizations, and communities will seek solutions that are locally feasible and meaningfully address needs. Potential strategies by which to do so are suggested here, presented in Table G-3 and organized by the **trip purpose** of a veteran, military service member, or family member of active-duty personnel or of a veteran.



Table G-3: Veteran and Military Community Member Trip Requirements and Responding Strategies

Trip Purpose	Characteristics or Requirements	Strategies	Possible Providers
Medical to VA Medical Center (VAMC) – advance apt.	<ul style="list-style-type: none"> ○ Ability to plan ahead ○ Trip may be long-distance ○ Return trip time uncertain ○ Some veterans miss the DAV returning vehicle when appointments run long. 	<ul style="list-style-type: none"> ▪ Use existing VA-provided/ affiliated services ▪ Use public transit, with transfers ▪ Use destination-oriented trip planners to locate transit service ▪ Review fixed-route service to identify opportunities for improving speed of travel or pedestrian/ bus stop improvements. ▪ Develop specialized shuttles for long-distance trips ▪ Coordinate with other specialized transportation traveling to or near VAMC ▪ Develop mileage reimbursement programs for rider to locate volunteer ▪ One-Call/One-Click information tools 	<ul style="list-style-type: none"> ▪ DAV, VA Special Mode or VTS/ VTN services ▪ Public transit fixed route ▪ Public transit ADA service ▪ Taxi cab ▪ Specialized shuttles ▪ Volunteer services
Medical to VAMC – next day or same day	<ul style="list-style-type: none"> ○ Immediate-need trip ○ Passenger may be ill or debilitated, with difficulties in using public transportation. ○ Some veterans miss the DAV returning vehicle when appointments run long. 	<ul style="list-style-type: none"> ▪ Develop specialized shuttles for long-distance trips ▪ Coordinate with other specialized transportation traveling to or near VAMC ▪ Develop mileage reimbursement programs for rider to locate volunteer ▪ One-Call/One-Click information tools 	
Medical to VA Outpatient Clinic or Community Based Clinic	<ul style="list-style-type: none"> ○ May be immediate need or advance appointment. ○ Trip distance shorter but still possibly regional. 	<ul style="list-style-type: none"> ▪ Use local public transportation resources ▪ Use destination-oriented trip planners to locate transit service. ▪ One-Call/One-Click information tools 	
Family members to VAMCs	<ul style="list-style-type: none"> ○ Care provider / family with no ride home from VAMC 	<ul style="list-style-type: none"> ▪ Develop voluntary transportation programs to address unique family member issues/ concerns ▪ One-Call/One-Click information tools 	<ul style="list-style-type: none"> ▪ Volunteer services
Education trips to local community college/university – For veteran and family members	<ul style="list-style-type: none"> ○ Early and late classes that could fall outside fixed-route transit operating day ○ Sometimes Saturday classes 	<ul style="list-style-type: none"> ▪ Review fixed-route operating hours and consider adjustments ▪ Develop destination-oriented transit information to help identify route and timing options ▪ Explore transit pass options for enrolled students ▪ One-Call/One-Click information tools 	<ul style="list-style-type: none"> ▪ Public transit fixed route



METROPOLITAN TRANSPORTATION COMMISSION
COORDINATED PUBLIC TRANSIT–HUMAN SERVICES TRANSPORTATION PLAN UPDATE
APPENDIX G. VETERANS' TRANSPORTATION NEEDS

Trip Purpose	Characteristics or Requirements	Strategies	Possible Providers
Education trips to local community college/university -- For veteran with a significant disability	<ul style="list-style-type: none">○ Lift or door-to-door service requirements○ Subscription-type, standing order trip	<ul style="list-style-type: none">▪ Introduction to use of ADA complementary paratransit service▪ Development of specialized shuttles where groups of such veterans can be identified▪ One-Call/One-Click information tools	<ul style="list-style-type: none">▪ Public transit ADA service▪ New Freedom-type specialized shuttles
Work-seeking training and interview trips --For veteran --for veteran with a significant disability --For veterans family members	<ul style="list-style-type: none">○ Time sensitive trips○ May have limited ability to plan ahead.	<ul style="list-style-type: none">▪ Review fixed-route service connections between veterans housing facilities, which do exist in some communities.▪ Travel training introduction to job coaches and other gatekeeper personnel assisting veterans who are job-seeking.▪ One-Call/One-Click information tools	<ul style="list-style-type: none">▪ Public transit fixed route▪ Public transit ADA service▪ Travel trainers
Day care trips for dependent children of veterans and active duty military members	<ul style="list-style-type: none">○ May require trip-chaining or long dwell-time while parent checks in or picks up the child	<ul style="list-style-type: none">▪ Specialized shuttles that can linger, can address group trip and standing order requirements within a given service area▪ One-Call/One-Click information tools	<ul style="list-style-type: none">▪ Specialized shuttles funded by JARC or New Freedom (when parents may be disabled).



Integrating Veterans' Needs with the Coordinated Plan's Overarching Strategies

Table G-3 supports a veteran-oriented focus to the solutions included in the Coordinated Plan Update. Key veterans' needs as they relate to the proposed regional coordination strategies described in Chapter 8 of the Plan include:

1. Strengthen Mobility Management

A. Identify and designate Consolidated Transportation Service Agencies (CTSAs) to facilitate subregional mobility management and transportation coordination efforts:

- CTSAs are encouraged to consider VAMCs as key stakeholders, including the DAV programs and the Travel Office units, their outpatient network and possibly veterans service organizations.
- Outreach efforts should seek to inform and involve these key stakeholders about transportation initiatives that could impact veterans.
- Mobility management techniques of various types are likely to be of value to veterans and to their family members, particularly information-based tools such as the One-Call/One-Click initiatives and travel training.

B. Provide information and manage demand across a family of transportation services

- Veterans, their family members and active duty personnel clearly need access to the full array of transportation services that exist, ranging from rail to fixed-route transit, and deviated fixed-route, including ADA complementary paratransit and various targeted or highly specialized services. Given the diverse mobility needs of the military community, the full family of services – and no single service – is critically important.

C. Coordinate advocacy with human service agencies to identify resources to sustain ongoing coordination activities

- Veterans' stakeholders should be invited into the planning process, to develop opportunities for increased coordination.

2. Promote walkable communities, complete streets, and integration of transportation and land use decisions

- Veterans and their family members and active-duty military living in the community are also members of the general public and as such will benefit from improved walkability of their neighborhoods, complete streets accommodating travelers of all kinds, and better connections and transit-oriented development that more tightly links housing and transit.



Resources

National Resources Center for Human Service Transportation Coordination
[NRC]

<http://web1.ctaa.org/webmodules/webarticles/anmviewer.asp?a=2693&z=62>

A program of Community Transportation Association of America (CTAA), the NRC offers numerous tools and resources for coordination and mobility management, as well as a resource library on veterans' transportation. Items include:

- Veterans Transportation and Community Living Initiative, Military Community Transportation Needs Overview (discussed previously)
- VTCLI webinar and presentation
- NRC Report: Transportation for America's Veterans and Their Families
- Links to the VA Veterans Transportation Services; Operation Second Chance;

TRIP – Transportation Reimbursement and Information Program

<http://www.triptrans.org>

A nationally acclaimed volunteer driver program, Riverside County's TRIP has been operated by The Independent Living Partnership [ILP] since 1993. TRIP's model is unique in that participants recruit their own volunteers, making it low-cost, low-risk, and easy to start—in diverse regions and for multiple populations. The Riverside County program is focused on older adults and individuals with disabilities, but is expanding to include in low-income residents in the rural North Shore region of the Salton Sea and other special needs groups that are likely to include veterans.

Through the Riverside County Office on Aging's HelpLink, TRIP provides information about public transportation, including: discussing transportation needs with callers and making referrals to appropriate providers.

TRIP has produced an array of tools to assist with the development of volunteer driver programs, available on its website: www.triptrans.org. A new monthly webinar was recently developed to set-up dialogue and exchange among organizations starting-up or running TRIP-model programs. TRIP's Executive Director may be contacted at executivedirector@livingpartnership.org

Forthcoming Resources

Two significant resources documents are in production as of this writing, with release anticipated sometime during 2013.

1. **Easter Seals Project Action** is developing a toolkit to help grow veterans' transportation resources. The Project Action website (<http://www.projectaction.org/>) will provide information about this when it becomes available.



2. The Transit Cooperative Research Program [TCRP] (Project B-42) is actively researching and preparing the national ***the Community Toolbox for Improving Options and Coordination of Transportation for Military Service Members, Veterans and their Families***. This resource will likely published late in 2013 or early 2014. The Transportation Research Board Transit Cooperative Research Program will have information about this when it becomes available. See <http://www.tcrponline.org/>.

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